

APPLICATION FOR PLUMBING PERMIT
TOWN OF ALLENSTOWN

16 SCHOOL STREET, ALLENSTOWN, NH 03275

603-485-4276

Owner(s) of record: _____

Address of owner(s): _____

Building address: _____ Map: _____ Lot: _____

Phone #'s Home: _____ Work: _____ Cell: _____

CHECK AT LEAST ONE OF THE ITEMS FROM EACH COLUMN TO INDICATE PROPOSED CONSTRUCTION
AND USE OF THE PROPERTY.

TYPE OF SERVICE

1. _____ Complete new service

2. _____ Addition to building

3. _____ Fixture upgrade

4. _____ Repiping of existing

5. _____ Gas Piping to _____

TYPE OF BUILDING

1. _____ New Residence

2. _____ New Non-Residential Building

3. _____ Existing Residence

4. _____ Addition to Residence

5. _____ Remodeling or Renovation of existing
structure

6. _____ Garage

7. _____ Detached structure. Describe _____

FEES:

Residential \$50.00

Commercial \$75.00

Reinspection \$25.00 *Reinspection fee for Unsatisfactory Inspections.*

Plumbing Contractors name: _____

Address: _____ Phone: _____

NH Master License Number: _____ Expiration Date: _____

DESCRIPTION OF PROPOSED CONSTRUCTION: _____

**SIGNATURE OF THE PERSON PERFORMING THE PLUMBING IS REQUIRED PRIOR TO
PERMIT BEING ISSUED. APPLICATION MUST BE PRESENTED IN PERSON BY APPLICANT.

Signature: _____ Date: _____
(Plumber as the Owner's Authorized Agent*)

*NOTE to Signature of Authorized Agent: I have been authorized by the owner to make application as his
authorized agent and we agree to conform to all applicable laws of this jurisdiction.

ACTION BY CODE OFFICIAL		
Approved: _____	Disapproved: _____	Referred to: _____
Building Inspector/Code Compliance Officer: _____		
Date: _____		

Revised 02/26/2008